

Police Crash Report



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Revised Report

CRASH		GPS Lat. 3 7 1. 4 6 9 4 5 0		GPS Long. - 7 9 . 1 8 1 0 6 1 5	
Crash Date	MM DD YYYY	Day of Week	MILITARY Time (24 hr clock)	County of Crash	Official DMV Use
10/26/2015		Monday	05:15	BOTETOURT COUNTY	
City or Town of			Landmarks at Scene	153055221	
Location of Crash (route/street)			Railroad Crossing ID no. (if within 150 ft.)	Local Case Number	
INTERSTATE 81				DIV615129246	
At Intersection With or 0.8C Miles Foot			Location of Crash (route/street)	Mile Marker Number	Number of Vehicles
N S E W			ROUTE 606	1 5 6 . 1 0 3	

VEHICLE # 1		DRIVER	
Driver's Name (Last, First, Middle)		Driver's Name (Last, First, Middle)	
MARTINEZ JR, ISRAEL		LESTER, BRANDON, CLARK	
Address (Street and Number)		Address (Street and Number)	
PO BOX 1211		177 KESSLER LANE	
City	State	City	State
ZAPATA	TX	BUCHANAN	VA
Birth Date	Drivers License Number	Birth Date	Drivers License Number
01/26/1975	02443786	07/02/1992	T64341935
Safety Equip. Used	Air Bag	Ejected	Date of Death
3	2	1	MM DD YYYY
Summons Issued As Result of Crash	Offenses Charged to Driver	Summons Issued As Result of Crash	Offenses Charged to Driver
1	46.2-852	2	

VEHICLE		Same as Driver	
Vehicle Owner's Name (Last, First, Middle)		Vehicle Owner's Name (Last, First, Middle)	
SMC, TRANSPORT, LLC		LESTER, BRANDON, CLARK	
Address (Street and Number)		Address (Street and Number)	
2309 LARGO STREET		177 KESSLER LANE	
City	State	City	State
WESLACO	TX	BUCHANAN	VA
Vehicle Year	Vehicle Make	Vehicle Year	Vehicle Make
2003	FREIGHTLIN	1995	TOYOTA
Vehicle Model	Disabled	Vehicle Model	Disabled
COLUMBIA	<input checked="" type="checkbox"/>	TACOMA	<input checked="" type="checkbox"/>
Vehicle Plate Number	State	Vehicle Plate Number	State
R199631	TX	VGA 1541	VA
VIN	Approximate Repair Cost	VIN	Approximate Repair Cost
1FUJA8CG63LL12106	2000	4TAUN61C9S035791	5000
Name of Insurance Company (not agent)	Overhaul	Name of Insurance Company (not agent)	Overhaul
UNITED SPECIALTY	Underwrite	GEICO	Underwrite
Speed Before Crash	Speed Limit	Speed Before Crash	Speed Limit
5	70	70	70
Maximum Safe Speed	ALL Passengers Age Count	Maximum Safe Speed	ALL Passengers Age Count
0	Under 8 8-17 0 18-21 0 Over 21 0	0	Under 8 8-17 0 18-21 0 Over 21 0

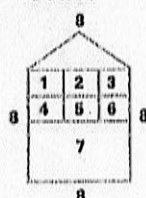
PASSENGER (only if injured or killed)		Name of Injured (Last, First, Middle)		EMS Transport	Date of Death
				<input checked="" type="checkbox"/>	MM DD YY
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate
					MM DD YYYY
Name of Injured (Last, First, Middle)		EMS Transport	Date of Death		
		<input checked="" type="checkbox"/>	MM DD YY		
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate
					MM DD YYYY
Name of Injured (Last, First, Middle)		EMS Transport	Date of Death		
		<input checked="" type="checkbox"/>	MM DD YY		
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate
					MM DD YYYY

VEHICLE # 2		DRIVER	
Driver's Name (Last, First, Middle)		Driver's Name (Last, First, Middle)	
LESTER, BRANDON, CLARK		LESTER, BRANDON, CLARK	
Address (Street and Number)		Address (Street and Number)	
177 KESSLER LANE		177 KESSLER LANE	
City	State	City	State
BUCHANAN	VA	BUCHANAN	VA
Birth Date	Drivers License Number	Birth Date	Drivers License Number
07/02/1992	T64341935	07/02/1992	T64341935
Safety Equip. Used	Air Bag	Ejected	Date of Death
8	2	3	MM DD YYYY
Summons Issued As Result of Crash	Offenses Charged to Driver	Summons Issued As Result of Crash	Offenses Charged to Driver
2		2	

VEHICLE		Same as Driver	
Vehicle Owner's Name (Last, First, Middle)		Vehicle Owner's Name (Last, First, Middle)	
LESTER, BRANDON, CLARK		LESTER, BRANDON, CLARK	
Address (Street and Number)		Address (Street and Number)	
177 KESSLER LANE		177 KESSLER LANE	
City	State	City	State
BUCHANAN	VA	BUCHANAN	VA
Vehicle Year	Vehicle Make	Vehicle Year	Vehicle Make
1995	TOYOTA	1995	TOYOTA
Vehicle Model	Disabled	Vehicle Model	Disabled
TACOMA	<input checked="" type="checkbox"/>	TACOMA	<input checked="" type="checkbox"/>
Vehicle Plate Number	State	Vehicle Plate Number	State
VGA 1541	VA	VGA 1541	VA
VIN	Approximate Repair Cost	VIN	Approximate Repair Cost
4TAUN61C9S035791	5000	4TAUN61C9S035791	5000
Name of Insurance Company (not agent)	Overhaul	Name of Insurance Company (not agent)	Overhaul
GEICO	Underwrite	GEICO	Underwrite
Speed Before Crash	Speed Limit	Speed Before Crash	Speed Limit
70	70	70	70
Maximum Safe Speed	ALL Passengers Age Count	Maximum Safe Speed	ALL Passengers Age Count
0	Under 8 8-17 0 18-21 0 Over 21 0	0	Under 8 8-17 0 18-21 0 Over 21 0

PASSENGER (only if injured or killed)		Name of Injured (Last, First, Middle)		EMS Transport	Date of Death
				<input checked="" type="checkbox"/>	MM DD YY
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate
					MM DD YYYY
Name of Injured (Last, First, Middle)		EMS Transport	Date of Death		
		<input checked="" type="checkbox"/>	MM DD YY		
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate
					MM DD YYYY
Name of Injured (Last, First, Middle)		EMS Transport	Date of Death		
		<input checked="" type="checkbox"/>	MM DD YY		
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate
					MM DD YYYY

Codes



POSITION IN/ON VEHICLE

- Driver
- Passengers
- Cargo Area
- Riding/Hanging On Outside
- All Other Passengers

SAFETY EQUIPMENT USED

- Lap Belt Only
- Shoulder Belt Only
- Lap and Shoulder Belt
- Child Restraint
- Holmat
- Other
- Booster Seat
- No Restraint Used
- Not Applicable

AIRBAG

- Deployed - Front
- Not Deployed
- Unavailable/Not Applicable
- Keyed Off
- Unknown
- Deployed - Side
- Deployed - Other (Known, Air Belt, etc.)
- Deployed - Combination

EJECTED FROM VEHICLE

- Not Ejected
- Partially Ejected
- Totally Ejected

SUMMONS ISSUED AS A RESULT OF CRASH

- Yes
- No
- Pending

INJURY TYPE

- Dead
- Serious Injury
- Minor/Possible Injury
- No Apparent Injury
- No Injury (driver only)

EXHIBIT
TPR ATKINS #1

Investigating Officer	Badge/Code Number	Agency/Department Name and Code	Reviewing Officer	Report File Date
MICHAEL ATKINS	8363	VIRGINIA STATE POLICE	Timothy Knight	10/26/2015

Police Crash Report



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Revised Report

CRASH		GPS Lat. 3 7 1 . 4 6 9 4 5 0		GPS Long. - 7 9 . 8 1 0 6 1 5	
Crash Date	MM DD YYYY	Day of Week	MILITARY Time (24 hr clock)	County of Crash	Official DMV Use
10/26/2015		Monday	05:15	BOTETOURT COUNTY	
City or Town Name				Landmarks at Scene	153055221
Location of Crash (route/strait)				Railroad Crossing ID no. (if within 150 ft.)	Local Case Number
INTERSTATE 81					DIV615129246
Location of Crash (route/strait)				Mile Marker Number	Number of Vehicles
At Intersection With or 0.8C Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> of ROUTE 606				1 5 6 . 1 0 3	3

VEHICLE # 3	
DRIVER	
Driver's Name (Last, First, Middle)	
SHIFFLETT, ANTHONY, RAY	
Address (Street and Number)	
527 ROSSER ROAD	
City	State ZIP
DILLWYN	VA 23936
Birth Date	Drivers License Number
12/13/1972	T61245184
Safety Equip. Used	State DL CDL
3	VA (Y) (N) (Y) (N)
Air Bag Ejected	Date of Death
2 1	MM DD YYYY
Injury Type	EMS Transport
2	(Y) (N)
Summons Issued As Result of Crash	Offenses Charged to Driver
2	

VEHICLE	
Vehicle Owner's Name (Last, First, Middle)	
CT, WWM, INC	
Address (Street and Number)	
PO BOX 174	
City	State ZIP
IVY	VA 22945
Vehicle Year	Vehicle Make
2007	HINO
Vehicle Model	Disabled CMV Towed
165	(Y) (N) (Y) (N)
Vehicle Plate Number	State Approximate Repair Cost
TX157469	VA 15000
VIN	Oversize Cargo Spill
5PVNE8JV372S50623	(Y) (N)
Name of Insurance Company (not agent)	Override Underwrite
FCCI INSURANCE	(Y) (N)
Speed Before Crash	Speed Limit
60	70
Maximum Safe Speed	ALL Passengers Age Count
0	Under 8 8-17 18-21 Over 21

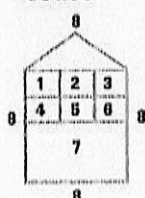
PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle)	EMS Transport Date of Death
(Y) (N) MM DD YY	(Y) (N) MM DD YY
Position In/On Vehicle	Safety Equip. Used
MM DD YYYY	(Y) (N)
Name of Injured (Last, First, Middle)	EMS Transport Date of Death
(Y) (N) MM DD YY	(Y) (N) MM DD YY
Position In/On Vehicle	Safety Equip. Used
MM DD YYYY	(Y) (N)
Name of Injured (Last, First, Middle)	EMS Transport Date of Death
(Y) (N) MM DD YY	(Y) (N) MM DD YY
Position In/On Vehicle	Safety Equip. Used
MM DD YYYY	(Y) (N)

VEHICLE #	
DRIVER	
Driver's Name (Last, First, Middle)	
Address (Street and Number)	
City	State ZIP
Birth Date	Drivers License Number
MM DD YYYY	State DL CDL
Safety Equip. Used	State DL CDL
MM DD YYYY	(Y) (N) (Y) (N)
Air Bag Ejected	Date of Death
MM DD YYYY	(Y) (N)
Injury Type	EMS Transport
(Y) (N)	(Y) (N)
Summons Issued As Result of Crash	Offenses Charged to Driver

VEHICLE	
Vehicle Owner's Name (Last, First, Middle)	
Address (Street and Number)	
City	State ZIP
Vehicle Year	Vehicle Make
Vehicle Model	Disabled CMV Towed
Vehicle Plate Number	State Approximate Repair Cost
VIN	Oversize Cargo Spill
Name of Insurance Company (not agent)	Override Underwrite
Speed Before Crash	Speed Limit
Maximum Safe Speed	ALL Passengers Age Count
Under 8 8-17 18-21 Over 21	

PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle)	EMS Transport Date of Death
(Y) (N) MM DD YY	(Y) (N) MM DD YY
Position In/On Vehicle	Safety Equip. Used
MM DD YYYY	(Y) (N)
Name of Injured (Last, First, Middle)	EMS Transport Date of Death
(Y) (N) MM DD YY	(Y) (N) MM DD YY
Position In/On Vehicle	Safety Equip. Used
MM DD YYYY	(Y) (N)
Name of Injured (Last, First, Middle)	EMS Transport Date of Death
(Y) (N) MM DD YY	(Y) (N) MM DD YY
Position In/On Vehicle	Safety Equip. Used
MM DD YYYY	(Y) (N)

Codes



POSITION IN/ON VEHICLE

1. Driver
- 2-8. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

SAFETY EQUIPMENT USED

1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

AIRBAG

1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Koyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

INJURY TYPE

1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

Investigating Officer	Badge/Code Number	Agency/Department Name and Code	Reviewing Officer	Report File Date
MICHAEL ATKINS	8363	VIRGINIA STATE POLICE	Timothy Knight	10/26/2015

Revised Report

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Police Crash Report

Revised Report ☐

CRASH

Crash Date 10/26/2015	MILITARY Time (24 hr clock) 05:15	County of Crash BOTETOURT COUNTY	City of <input type="radio"/> Town of <input type="radio"/>	Local Case Number DIV615129246
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DRIVER INFORMATION

Veh 3	Veh 3
Driver's Action P1	Driver Vision Obscured P3
<input checked="" type="checkbox"/> 1. No Improper Action	<input checked="" type="checkbox"/> 1. Not Obscured
<input type="checkbox"/> 2. Exceeded Speed Limit	<input type="checkbox"/> 2. Rain, Snow, etc. on Windshield
<input type="checkbox"/> 3. Exceeded Safe Speed But Not Speed Limit	<input type="checkbox"/> 3. Windshield Otherwise Obscured
<input type="checkbox"/> 4. Overtaking On Hill	<input type="checkbox"/> 4. Vision Obscured by Load on Vehicle
<input type="checkbox"/> 5. Overtaking On Curve	<input type="checkbox"/> 5. Trees, Crops, etc.
<input type="checkbox"/> 6. Overtaking at Intersection	<input type="checkbox"/> 6. Building
<input type="checkbox"/> 7. Improper Passing of School Bus	<input type="checkbox"/> 7. Embankment
<input type="checkbox"/> 8. Cutting In	<input type="checkbox"/> 8. Sign or Signboard
<input type="checkbox"/> 9. Other Improper Passing	<input type="checkbox"/> 9. Hillcrest
<input type="checkbox"/> 10. Wrong Side of Road - Not Overtaking	<input type="checkbox"/> 10. Parked Vehicle(s)
<input type="checkbox"/> 11. Did Not Have Right-of-Way	<input type="checkbox"/> 11. Moving Vehicle(s)
<input type="checkbox"/> 12. Following Too Close	<input type="checkbox"/> 12. Sun or Headlight Glare
<input type="checkbox"/> 13. Fail to Signal or Improper Signal	<input type="checkbox"/> 13. Other
<input type="checkbox"/> 14. Improper Turn - Wide Right Turn	<input type="checkbox"/> 14. Blind Spot
<input type="checkbox"/> 15. Improper Turn - Cut Corner on Left Turn	<input type="checkbox"/> 15. Smoke/Dust
<input type="checkbox"/> 16. Improper Turn From Wrong Lane	<input type="checkbox"/> 16. Stopped Vehicle(s)
<input type="checkbox"/> 17. Other Improper Turn	
<input type="checkbox"/> 18. Improper Backing	Type of Driver Distractions P4
<input type="checkbox"/> 19. Improper Start From Parked Position	<input type="checkbox"/> 1. Looking at Roadside Incident
<input type="checkbox"/> 20. Disregarded Officer or Flagger	<input type="checkbox"/> 2. Driver Fatigue
<input type="checkbox"/> 21. Disregarded Traffic Signal	<input type="checkbox"/> 3. Looking at Scenery
<input type="checkbox"/> 22. Disregarded Stop or Yield Sign	<input type="checkbox"/> 4. Passenger(s)
<input type="checkbox"/> 23. Driver Distraction	<input type="checkbox"/> 5. Radio/CD, etc.
<input type="checkbox"/> 24. Fail to Stop at Through Highway - No Sign	<input type="checkbox"/> 6. Cell Phone
<input type="checkbox"/> 25. Drive Through Work Zone	<input type="checkbox"/> 7. Eyes Not on Road
<input type="checkbox"/> 26. Fail to Set Out Flares or Flags	<input type="checkbox"/> 8. Daydreaming
<input type="checkbox"/> 27. Fail to Dim Headlights	<input type="checkbox"/> 9. Eating/Drinking
<input type="checkbox"/> 28. Driving Without Lights	<input type="checkbox"/> 10. Adjusting Vehicle Controls
<input type="checkbox"/> 29. Improper Parking Location	<input type="checkbox"/> 11. Other
<input type="checkbox"/> 30. Avoiding Pedestrian	<input type="checkbox"/> 12. Navigation Device
<input type="checkbox"/> 31. Avoiding Other Vehicle	<input type="checkbox"/> 13. Texting
<input type="checkbox"/> 32. Avoiding Animal	<input checked="" type="checkbox"/> 14. No Driver Distraction
<input type="checkbox"/> 33. Crowded Off Highway	Drinking P5
<input type="checkbox"/> 34. Hit and Run	<input checked="" type="checkbox"/> 1. Had Not Been Drinking
<input type="checkbox"/> 35. Car Ran Away - No Driver	<input type="checkbox"/> 2. Drinking - Obviously Drunk
<input type="checkbox"/> 36. Blinded by Headlights	<input type="checkbox"/> 3. Drinking - Ability Impaired
<input type="checkbox"/> 37. Other	<input type="checkbox"/> 4. Drinking - Ability Not Impaired
<input type="checkbox"/> 38. Avoiding Object in Roadway	<input type="checkbox"/> 5. Drinking - Not Known Whether Impaired
<input type="checkbox"/> 39. Eluding Police	<input type="checkbox"/> 6. Unknown
<input type="checkbox"/> 40. Fail to Maintain Proper Control	Method of Alcohol Determination (by police) P6
<input type="checkbox"/> 41. Improper Passing	<input checked="" type="checkbox"/> 1. Blood
<input type="checkbox"/> 42. Improper or Unsafe Lane Change	<input type="checkbox"/> 2. Breath
<input type="checkbox"/> 43. Over Correction	<input type="checkbox"/> 3. Refused
	<input type="checkbox"/> 4. No Test
Condition of Driver Contributing to the Crash P2	Drug Use P7
<input checked="" type="checkbox"/> 1. No Defects	<input type="checkbox"/> 1. Yes
<input type="checkbox"/> 2. Eyesight Defective	<input checked="" type="checkbox"/> 2. No
<input type="checkbox"/> 3. Hearing Defective	<input type="checkbox"/> 3. Unknown
<input type="checkbox"/> 4. Other Body Defects	
<input type="checkbox"/> 5. Illness	
<input type="checkbox"/> 6. Fatigued	
<input type="checkbox"/> 7. Apparently Asleep	
<input type="checkbox"/> 8. Other	
<input type="checkbox"/> 9. Unknown	

VEHICLE INFORMATION

Veh 3	Veh 3
Vehicle Maneuver V1	Vehicle Damage V4
<input checked="" type="checkbox"/> 1. Going Straight Ahead	<input type="checkbox"/> 1. Unknown
<input type="checkbox"/> 2. Making Right Turn	<input type="checkbox"/> 2. No damage
<input type="checkbox"/> 3. Making Left Turn	<input type="checkbox"/> 3. Overturned
<input type="checkbox"/> 4. Making U-Turn	<input type="checkbox"/> 4. Motor
<input type="checkbox"/> 5. Slowing or Stopping	<input type="checkbox"/> 5. Undercarriage
<input type="checkbox"/> 6. Merging Into Traffic Lane	<input checked="" type="checkbox"/> 6. Totalled
<input type="checkbox"/> 7. Starting From Parked Position	<input type="checkbox"/> 7. Fire
<input type="checkbox"/> 8. Stopped in Traffic Lane	<input type="checkbox"/> 8. Other
<input type="checkbox"/> 9. Ran Off Road - Right	
<input type="checkbox"/> 10. Ran Off Road - Left	
<input type="checkbox"/> 11. Parked	Vehicle Condition V5
<input type="checkbox"/> 12. Backing	<input checked="" type="checkbox"/> 1. No Defects
<input type="checkbox"/> 13. Passing	<input type="checkbox"/> 2. Lights Defective
<input type="checkbox"/> 14. Changing Lanes	<input type="checkbox"/> 3. Brakes Defective
<input type="checkbox"/> 15. Other	<input type="checkbox"/> 4. Steering Defective
<input type="checkbox"/> 16. Entering Street From Parking Lot	<input type="checkbox"/> 5. Puncture/Blowout
	<input type="checkbox"/> 6. Worn or Slick Tires
Skidding Tire/Mark V2	<input type="checkbox"/> 7. Motor Trouble
<input type="checkbox"/> 1. Before Application of Brakes	<input type="checkbox"/> 8. Chains In Use
<input checked="" type="checkbox"/> 2. After Application of Brakes	<input type="checkbox"/> 9. Other
<input type="checkbox"/> 3. Before and After Application of Brakes	<input type="checkbox"/> 10. Vehicle Altered
<input type="checkbox"/> 4. No Visible Skid Mark/Tire Mark	<input type="checkbox"/> 11. Mirrors Defective
	<input type="checkbox"/> 12. Power Train Defective
Vehicle Body Type V3	<input type="checkbox"/> 13. Suspension Defective
<input type="checkbox"/> 1. Passenger car	<input type="checkbox"/> 14. Windows/Windshield Defective
<input type="checkbox"/> 2. Truck - Pick-up/Passenger Truck	<input type="checkbox"/> 15. Wipers Defective
<input type="checkbox"/> 3. Van	<input type="checkbox"/> 16. Wheels Defective
<input checked="" type="checkbox"/> 4. Truck - Single Unit Truck (2-Axles)	<input type="checkbox"/> 17. Exhaust System
<input type="checkbox"/> 5. Motor Home, Recreational Vehicle	
<input type="checkbox"/> 6. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment	Special Function Motor Vehicle V6
<input type="checkbox"/> 7. Bicycle	<input checked="" type="checkbox"/> 1. No Special Function
<input type="checkbox"/> 8. Moped	<input type="checkbox"/> 2. Taxi
<input type="checkbox"/> 9. Motorcycle	<input type="checkbox"/> 3. School Bus (Public or Private)
<input type="checkbox"/> 10. Emergency Vehicle (Regardless of Vehicle Type)	<input type="checkbox"/> 4. Transit Bus
<input type="checkbox"/> 11. Bus - School Bus	<input type="checkbox"/> 5. Intercity Bus
<input type="checkbox"/> 12. Bus - City Transit Bus/Private Owned Church Bus	<input type="checkbox"/> 6. Charter Bus
<input type="checkbox"/> 13. Bus - Commercial Bus	<input type="checkbox"/> 7. Other Bus
<input type="checkbox"/> 14. Other (Scooter, Go-cart, Hearsa, Bookmobile, Golf Cart, etc.)	<input type="checkbox"/> 8. Military
<input type="checkbox"/> 15. Special Vehicle - Farm Machinery	<input type="checkbox"/> 9. Police
<input type="checkbox"/> 16. Special Vehicle - ATV	<input type="checkbox"/> 10. Ambulance
<input type="checkbox"/> 17. Special Vehicle - Low-Speed Vehicle	<input type="checkbox"/> 11. Fire Truck
<input type="checkbox"/> 18. Truck - Sport Utility Vehicle (SUV) (3 Axles or More)	<input type="checkbox"/> 12. Tow Truck
<input type="checkbox"/> 19. Truck - Single Unit Truck	<input type="checkbox"/> 13. Maintenance
<input type="checkbox"/> 20. Truck - Truck Tractor (Bobtail-No Trailer)	<input type="checkbox"/> 14. Unknown
	EMV in service V7
	<input checked="" type="checkbox"/> 1. Yes
	<input type="checkbox"/> 2. No
	Truck Cover V8
	<input checked="" type="checkbox"/> 1. Yes
	<input type="checkbox"/> 2. No



Police Crash Report

Revised Report ☐

CRASH				
Crash Date 10/26/2015	MILITARY Time (24 hr clock) 05:15	County of Crash BOTETOURT COUNTY	City of <input type="radio"/> Town of	Local Case Number DIV615129246

CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway C1 <input checked="" type="radio"/> 1. On Roadway <input type="radio"/> 2. Shoulder <input type="radio"/> 3. Median <input type="radio"/> 4. Roadside <input type="radio"/> 5. Gore <input type="radio"/> 6. Separator <input type="radio"/> 7. In Parking Lane or Zone <input type="radio"/> 8. Off Roadway, Location Unknown <input type="radio"/> 9. Outside Right-of-Way	Traffic Control Type C5 <input type="radio"/> 1. No Traffic Control <input type="radio"/> 2. Officer or Flagger <input type="radio"/> 3. Traffic Signal <input type="radio"/> 4. Stop Sign <input type="radio"/> 5. Slow or Warning Sign <input checked="" type="radio"/> 6. Traffic Lanes Marked <input type="radio"/> 7. No Passing Lines <input type="radio"/> 8. Yield Sign <input type="radio"/> 9. One Way Road or Street <input type="radio"/> 10. Railroad Crossing With Markings and Signs <input type="radio"/> 11. Railroad Crossing With Signals <input type="radio"/> 12. Railroad Crossing With Gate and Signals <input type="radio"/> 13. Other <input type="radio"/> 14. Pedestrian Crosswalk <input type="radio"/> 15. Reduced Speed - School Zone <input type="radio"/> 16. Reduced Speed - Work Zone <input type="radio"/> 17. Highway Safety Corridor	Roadway Description C9 <input type="radio"/> 1. Two-Way, Not Divided <input type="radio"/> 2. Two-Way, Divided, Unprotected Median <input checked="" type="radio"/> 3. Two-Way, Divided, Positive Median Barrier <input type="radio"/> 4. One-Way, Not Divided <input type="radio"/> 5. Unknown	Intersection Type C12 <input checked="" type="radio"/> 1. Not at Intersection <input type="radio"/> 2. Two Approaches <input type="radio"/> 3. Three Approaches <input type="radio"/> 4. Four Approaches <input type="radio"/> 5. Five-Point, or more <input type="radio"/> 6. Roundabout
Weather Condition C2 <input checked="" type="radio"/> 1. No Adverse Condition (Clear/Cloudy) <input type="radio"/> 3. Fog <input type="radio"/> 4. Mist <input type="radio"/> 5. Rain <input type="radio"/> 6. Snow <input type="radio"/> 7. Sleet/Hail <input type="radio"/> 8. Smoke/Dust <input type="radio"/> 9. Other <input type="radio"/> 10. Blowing Sand, Soil, Dirt, or Snow <input type="radio"/> 11. Severe Crosswinds	Roadway Alignment C8 <input checked="" type="radio"/> 1. Straight - Level <input type="radio"/> 2. Curve - Level <input type="radio"/> 3. Grade - Straight <input type="radio"/> 4. Grade - Curve <input type="radio"/> 5. Hillcrest - Straight <input type="radio"/> 6. Hillcrest - Curve <input type="radio"/> 7. Dip - Straight <input type="radio"/> 8. Dip - Curve <input type="radio"/> 9. Other <input type="radio"/> 10. On/Off Ramp	Roadway Defects C10 <input checked="" type="radio"/> 1. No Defects <input type="radio"/> 2. Holes, Ruts, Bumps <input type="radio"/> 3. Soft or Low Shoulder <input type="radio"/> 4. Under Repair <input type="radio"/> 5. Loose Material <input type="radio"/> 6. Restricted Width <input type="radio"/> 7. Slick Pavement <input type="radio"/> 8. Roadway Obstructed <input type="radio"/> 9. Other <input type="radio"/> 10. Edge Pavement Drop Off	Work Zone C13 <input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No
Light Conditions C3 <input type="radio"/> 1. Dawn <input type="radio"/> 2. Daylight <input type="radio"/> 3. Dusk <input type="radio"/> 4. Darkness - Road Lighted <input checked="" type="radio"/> 5. Darkness - Road Not Lighted <input type="radio"/> 6. Darkness - Unknown Road Lighting <input type="radio"/> 7. Unknown	Roadway Surface Condition C7 <input checked="" type="radio"/> 1. Dry <input type="radio"/> 2. Wet <input type="radio"/> 3. Snowy <input type="radio"/> 4. Icy <input type="radio"/> 5. Muddy <input type="radio"/> 6. Oil/Other Fluids <input type="radio"/> 7. Other <input type="radio"/> 8. Natural Debris <input type="radio"/> 9. Water (Standing, Moving) <input type="radio"/> 10. Slush <input type="radio"/> 11. Sand, Dirt, Gravel	Relation to Roadway C11 Interchange Area: <input type="radio"/> 1. Main-Line Roadway <input type="radio"/> 2. Acceleration/Deceleration Lanes <input type="radio"/> 3. Gore Area (Between Ramp and Highway Edgelines) <input type="radio"/> 4. Collector/Distributor Road <input type="radio"/> 5. On Entrance/Exit Ramp <input type="radio"/> 6. Intersection at end of Ramp <input type="radio"/> 7. Other location not listed above within an interchange area (median, shoulder and roadside) Intersection Area: <input checked="" type="radio"/> 8. Non-Intersection <input type="radio"/> 9. Within Intersection <input type="radio"/> 10. Intersection-Related - Within 150' <input type="radio"/> 11. Intersection-Related - Outside 150' Other Location: <input type="radio"/> 12. Crossover Related <input type="radio"/> 13. Driveway, Alley-Access - Related <input type="radio"/> 14. Railway Grade Crossing <input type="radio"/> 15. Other Crossing (Crossings for Bikes, School, etc.)	Work Zone Location C14 <input type="radio"/> 1. With Law Enforcement <input type="radio"/> 2. With No Law Enforcement <input type="radio"/> 3. No Workers Present
Traffic Control Device C4 <input checked="" type="radio"/> 1. Yes - Working <input type="radio"/> 2. Yes - Working and Obscured <input type="radio"/> 3. Yes - Not Working <input type="radio"/> 4. Yes - Not Working and Obscured <input type="radio"/> 5. Yes - Missing <input type="radio"/> 6. No Traffic Control Device Present	Roadway Surface Type C8 <input type="radio"/> 1. Concrete <input checked="" type="radio"/> 2. Blacktop, Asphalt, Bituminous <input type="radio"/> 3. Brick or Block <input type="radio"/> 4. Slag, Gravel, Stone <input type="radio"/> 5. Dirt <input type="radio"/> 6. Other	Work Zone Type C16 <input type="radio"/> 1. Lane Closure <input type="radio"/> 2. Lane Shift/Crossover <input type="radio"/> 3. Work on Shoulder or Median <input type="radio"/> 4. Intermittent or Moving Work <input type="radio"/> 5. Other	School Zone C17 <input type="radio"/> 1. Yes <input type="radio"/> 2. Yes - With School Activity <input checked="" type="radio"/> 3. No
		Type of Collision C18 <input type="radio"/> 1. Rear End <input checked="" type="radio"/> 2. Angle <input type="radio"/> 3. Head On <input type="radio"/> 4. Sideswipe - Same Direction <input type="radio"/> 5. Sideswipe - Opposite Direction <input type="radio"/> 6. Fixed Object in Road <input type="radio"/> 7. Train <input type="radio"/> 8. Non-Collision <input type="radio"/> 9. Fixed Object - Off Road <input type="radio"/> 10. Deer <input type="radio"/> 11. Other Animal <input type="radio"/> 12. Pedestrian <input type="radio"/> 13. Bicyclist <input type="radio"/> 14. Motorcyclist <input type="radio"/> 15. Backed Into <input type="radio"/> 16. Other	

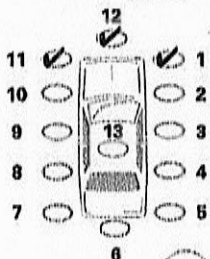
Police Crash Report

Revised Report ☐

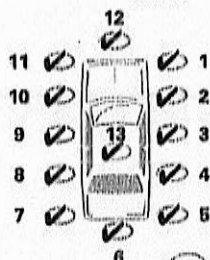
CRASH

Crash Date **MM DD YYYY**
10/26/2015MILITARY Time (24 hr clock)
05:15County of Crash
BOTETOURT COUNTY☐ City of
☐ Town ofLocal Case Number
DIV615129246

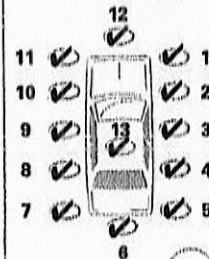
CRASH DIAGRAM

VEHICLE # **1**Fill In Impact Area(s).
Initial Impact. **11**

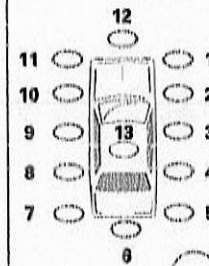
Veh Dir of Travel—N/S/E/W

VEHICLE # **3**Fill In Impact Area(s).
Initial Impact. **12**

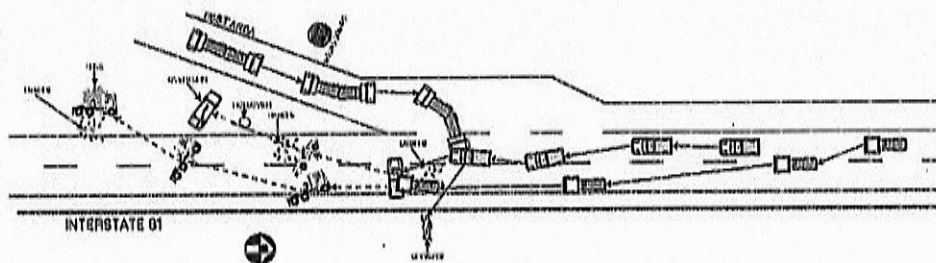
Veh Dir of Travel—N/S/E/W

VEHICLE # **2**Fill In Impact Area(s).
Initial Impact. **12**

Veh Dir of Travel—N/S/E/W

VEHICLE # **1**Fill In Impact Area(s).
Initial Impact. **12**

Veh Dir of Travel—N/S/E/W



DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property Yes No

CRASH DESCRIPTION

VEHICLE 1 WAS IN THE REST AREA. VEHICLE 2 AND VEHICLE 3 WAS TRAVELING SOUTH ON INTERSTATE 81. VEHICLE 1 EXITED THE REST AREA IN THE WRONG DIRECTION. VEHICLE 1 STRUCK VEHICLE 2. VEHICLE 3 THEN STRUCK VEHICLE 2.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20	30		20
3	20	30	2		20

First Harmful Event
of Entire Crash that
Results in First Injury
or Damage.
20

COLLISION WITH FIXED OBJECT

1. Bank Or Lodge
2. Trees
3. Utility Pole
4. Fence Or Post
5. Guard Rail
6. Parked Vehicle
7. Tunnel, Bridge, Underpass, Culvert, etc.
8. Sign, Traffic Signal
9. Impact Cushion or Device
10. Other
11. Jersey Wall
12. Building/Structure
13. Curb
14. Ditch
15. Other Fixed Object
16. Other Traffic Barrier
17. Traffic Sign Support
18. Mailbox

COLLISION WITH PERSON, MOTOR VEHICLE
OR NON-FIXED OBJECT

19. Pedestrian
20. Motor Vehicle in Transport
21. Train
22. Bicycle
23. Animal
24. Work Zone
25. Maintenance Equipment
26. Other Movable Object
28. Unknown Movable Object
27. Other

NON-COLLISION

28. Ran Off Road
29. Jack Knife
30. Overturn (Rollover)
31. Downhill Runaway
32. Cargo Loss or Shift
33. Explosion or Fire
34. Separation of Units
35. Cross Median
36. Cross Centerline
37. Equipment Failure (Tire, etc)
38. Immersion
39. Fell/Jumped From Vehicle
40. Thrown or Falling Object
41. Non-Collision Unknown
42. Other Non-Collision

Police Crash Report

Revised Report ☐

CRASH

Crash Date 10/26/2015	MILITARY Time (24 hr clock) 05:15	County of Crash BOTETOURT COUNTY	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number DIV615129246
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COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

☒ A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR)

☐ Any Motor Vehicle That Seats 9 or More People, Including the Driver

☐ A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight

AND The crash resulted in:

A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash

OR

An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene

OR

A tow-away: any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

VEHICLE # **1**

Vehicle Configuration V10 <input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver) <input type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="radio"/> 6. Single Unit Truck (3 or More Axles) <input checked="" type="radio"/> 7. Truck Trailer(s) (Single-Unit Truck Pulling Trailer(s)) <input type="radio"/> 8. Truck Tractor (Bobtail) <input type="radio"/> 9. Tractor/Semi-trailer (One Trailer) <input type="radio"/> 10. Tractor/Doubles (Two Trailers) <input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	Cargo Body Type V11 <input type="radio"/> 1. Bus (Seats 0-15 People, Including Driver) <input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver) <input type="radio"/> 3. Van/Enclosed Box <input type="radio"/> 4. Cargo Tank <input type="radio"/> 5. Flatbed <input type="radio"/> 6. Dump <input type="radio"/> 7. Concrete Mixer <input type="radio"/> 8. Auto Transporter <input type="radio"/> 9. Garbage/Refuse <input type="radio"/> 10. Grain/Chips/Gravel <input type="radio"/> 11. Pole-Trailer <input checked="" type="radio"/> 12. Vehicle Towing Another Motor Vehicle <input type="radio"/> 13. Intermodal Container Chassis <input type="radio"/> 14. Logging <input type="radio"/> 15. Other Cargo Body (Not Listed Above) <input type="radio"/> 16. Not Applicable/No Cargo Body	License Class P8 <input checked="" type="radio"/> Class A <input type="radio"/> Class B <input type="radio"/> Class C <input type="radio"/> Class DRL (regular drivers license) <input type="radio"/> Class M	Commercial Endorsement P9 <input type="radio"/> T-Double Trailer <input type="radio"/> P-Passenger Vehicle <input type="radio"/> N-Tank Vehicle <input type="radio"/> H-Required To Be Placarded for Hazardous Materials <input checked="" type="radio"/> X-Combined Tank/HAZMAT <input type="radio"/> O-Other
GVWR/GCWR V12 <input type="radio"/> 1. 10,000 lbs. or Less <input type="radio"/> 2. 10,001-20,000 lbs. <input checked="" type="radio"/> 3. Greater Than 20,000 lbs.			

Hazardous Material

Hazardous Material Placard: ☒ ☒

HM 4-Digit <input type="text"/>	HM Placard Name <input type="text"/>	HM Class <input type="text"/>	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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Carrier Identification

Commercial Motor Carrier Name S.M.C. TRANSPORT	Address (P.O. Box if No Street Address) 2309 LARGO STREET		Commercial/Non-Commercial V13 <input checked="" type="radio"/> 1. Interstate Carrier <input type="radio"/> 2. Intrastate Carrier <input type="radio"/> 3. Not in Commerce-Government (Trucks and Buses) <input type="radio"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)	
Carrier's ID Number USDOT# 2 4 3 5 8 7 9 0	State (Intrastate Only) TX	City WESLACO	State TX	Zip 78596

VEHICLE # **3**

Vehicle Configuration V10 <input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver) <input checked="" type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="radio"/> 6. Single Unit Truck (3 or More Axles) <input type="radio"/> 7. Truck Trailer(s) (Single-Unit Truck Pulling Trailer(s)) <input type="radio"/> 8. Truck Tractor (Bobtail) <input type="radio"/> 9. Tractor/Semi-trailer (One Trailer) <input type="radio"/> 10. Tractor/Doubles (Two Trailers) <input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	Cargo Body Type V11 <input type="radio"/> 1. Bus (Seats 0-15 People, Including Driver) <input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver) <input checked="" type="radio"/> 3. Van/Enclosed Box <input type="radio"/> 4. Cargo Tank <input type="radio"/> 5. Flatbed <input type="radio"/> 6. Dump <input type="radio"/> 7. Concrete Mixer <input type="radio"/> 8. Auto Transporter <input type="radio"/> 9. Garbage/Refuse <input type="radio"/> 10. Grain/Chips/Gravel <input type="radio"/> 11. Pole-Trailer <input type="radio"/> 12. Vehicle Towing Another Motor Vehicle <input type="radio"/> 13. Intermodal Container Chassis <input type="radio"/> 14. Logging <input type="radio"/> 15. Other Cargo Body (Not Listed Above) <input type="radio"/> 16. Not Applicable/No Cargo Body	License Class P8 <input type="radio"/> Class A <input checked="" type="radio"/> Class B <input type="radio"/> Class C <input type="radio"/> Class DRL (regular drivers license) <input type="radio"/> Class M	Commercial Endorsement P9 <input type="radio"/> T-Double Trailer <input type="radio"/> P-Passenger Vehicle <input type="radio"/> N-Tank Vehicle <input type="radio"/> H-Required To Be Placarded for Hazardous Materials <input type="radio"/> X-Combined Tank/HAZMAT <input checked="" type="radio"/> O-Other
GVWR/GCWR V12 <input type="radio"/> 1. 10,000 lbs. or Less <input checked="" type="radio"/> 2. 10,001-20,000 lbs. <input type="radio"/> 3. Greater Than 20,000 lbs.			

Hazardous Material

Hazardous Material Placard: ☒ ☒

HM 4-Digit <input type="text"/>	HM Placard Name <input type="text"/>	HM Class <input type="text"/>	HM Cargo Present <input checked="" type="checkbox"/>	HM Cargo Released <input checked="" type="checkbox"/>
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Carrier Identification

Commercial Motor Carrier Name CT WWM INC	Address (P.O. Box if No Street Address) PO BOX 174		Commercial/Non-Commercial V13 <input checked="" type="radio"/> 1. Interstate Carrier <input type="radio"/> 2. Intrastate Carrier <input type="radio"/> 3. Not in Commerce-Government (Trucks and Buses) <input type="radio"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.)	
Carrier's ID Number USDOT# 3 8 5 0 0 7 0 0	State (Intrastate Only) VA	City IVY	State VA	Zip 22945

Police Crash Report



(Rev 4/9/12)

Revised Report ☐Page 1 of 9

CRASH				GPS Lat. <u>31.74694510</u>		GPS Long. <u>79.81106115</u>	
Crash Date	MM	DD	YYYY	Day of Week	MILITARY Time (24 hr clock)	County of Crash	Official DMV Use
<u>10</u>	<u>26</u>	<u>2015</u>		<u>Mon</u>	<u>0515</u>	<u>BOTETOURT</u>	
City of <input type="radio"/> Town of <input type="radio"/>				Location of Crash (route/street)		Local Case Number	
<u>2-81</u>				<u>ROUTE 606</u>		<u>DIUG15129246</u>	
At Intersection With or <u>8</u> Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> of <u>0000</u>				Location of Crash (route/street)		Mile Marker Number	
				<u>ROUTE 606</u>		<u>1518.110</u>	
						Number of Vehicles <u>3</u>	

VEHICLE # 1	
DRIVER	
Driver's Name (Last, First, Middle) <u>MARTINEZ, ISRAEL</u>	
Address (Street and Number) <u>PO BOX 1211</u>	
City <u>ZAPATA</u>	State <u>TX</u> ZIP <u>78076</u>
Birth Date <u>01/26/1975</u>	Drivers License Number <u>02443786</u>
Safety Equip. Used <u>3</u>	Air Bag <u>2</u> Ejected <u>1</u> Date of Death <u>MM DD YYYY</u>
Summons Issued As Result of Crash <u>1</u>	Offenses Charged to Driver <u>46.2.852</u>
VEHICLE	
Vehicle Owner's Name (Last, First, Middle) <u>SMC TRANSPORT LLC</u>	
Address (Street and Number) <u>2309 LARGO ST</u>	
City <u>WESLACO</u>	State <u>TX</u> ZIP <u>78596</u>
Vehicle Year <u>2003</u>	Vehicle Make <u>FORD</u> Vehicle Model <u>COLUMBIA</u>
Vehicle Plate Number <u>R199631</u>	State <u>TX</u> Approximate Repair Cost <u>2,000</u>
VIN <u>1FUJA6CG63LL12106</u>	Oversize <input type="checkbox"/> Cargo Spill <input type="checkbox"/>
Name of Insurance Company (not agent) <u>UNITED SPECIALTY INSURANCE</u>	Override <input type="checkbox"/> Underlie <input type="checkbox"/>
Speed Before Crash <u>5</u>	Speed Limit <u>70</u> Maximum Safe Speed <u>0</u>
Under <u>0</u>	ALL Passengers Age Count <u>0-17 10-21 21</u>

VEHICLE # 2	
DRIVER	
Driver's Name (Last, First, Middle) <u>LESTER BRANDON CLARK</u>	
Address (Street and Number) <u>177 KESSLER LN</u>	
City <u>BUCHANAN</u>	State <u>VA</u> ZIP <u>24066</u>
Birth Date <u>07/01/1992</u>	Drivers License Number <u>T64341935</u>
Safety Equip. Used <u>18</u>	Air Bag <u>2</u> Ejected <u>3</u> Date of Death <u>MM DD YYYY</u>
Summons Issued As Result of Crash <u>2</u>	Offenses Charged to Driver <u>2</u>
VEHICLE	
Vehicle Owner's Name (Last, First, Middle) <u>GEICO</u>	
Address (Street and Number) <u>5,000</u>	
City <u>VA</u>	State <u>VA</u> ZIP <u>5,000</u>
Vehicle Year <u>1993</u>	Vehicle Make <u>TOYOTA</u> Vehicle Model <u>TACOMA</u>
Vehicle Plate Number <u>VGA 1541</u>	State <u>VA</u> Approximate Repair Cost <u>5,000</u>
VIN <u>4TAUN61C95Z035791</u>	Oversize <input type="checkbox"/> Cargo Spill <input type="checkbox"/>
Name of Insurance Company (not agent) <u>GEICO</u>	Override <input type="checkbox"/> Underlie <input type="checkbox"/>
Speed Before Crash <u>70</u>	Speed Limit <u>70</u> Maximum Safe Speed <u>70</u>
Under <u>0</u>	ALL Passengers Age Count <u>0-17 10-21 21</u>

PASSENGER (only if injured or killed)							
Name of Injured (Last, First, Middle)				EMS Transport	Date of Death		
				<input type="radio"/> <input type="radio"/> <input type="radio"/>	MM	DD	YY
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate	Gender	
					MM DD YYYY	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
Name of Injured (Last, First, Middle)				EMS Transport	Date of Death		
				<input type="radio"/> <input type="radio"/> <input type="radio"/>	MM	DD	YY
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate	Gender	
					MM DD YYYY	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
Name of Injured (Last, First, Middle)				EMS Transport	Date of Death		
				<input type="radio"/> <input type="radio"/> <input type="radio"/>	MM	DD	YY
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate	Gender	
					MM DD YYYY	<input type="radio"/> <input type="radio"/> <input type="radio"/>	

PASSENGER (only if injured or killed)							
Name of Injured (Last, First, Middle)				EMS Transport	Date of Death		
				<input type="radio"/> <input type="radio"/> <input type="radio"/>	MM	DD	YY
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate	Gender	
					MM DD YYYY	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
Name of Injured (Last, First, Middle)				EMS Transport	Date of Death		
				<input type="radio"/> <input type="radio"/> <input type="radio"/>	MM	DD	YY
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate	Gender	
					MM DD YYYY	<input type="radio"/> <input type="radio"/> <input type="radio"/>	
Name of Injured (Last, First, Middle)				EMS Transport	Date of Death		
				<input type="radio"/> <input type="radio"/> <input type="radio"/>	MM	DD	YY
Position In/On Vehicle	Safety Equip. Used	Airbag	Ejected	Injury Type	Birthdate	Gender	
					MM DD YYYY	<input type="radio"/> <input type="radio"/> <input type="radio"/>	

Codes	POSITION IN/ON VEHICLE	SAFETY EQUIPMENT USED	AIRBAG
1	1. Driver	1. Lap Belt Only	1. Deployed - Front
2	2-6. Passengers	2. Shoulder Belt Only	2. Not Deployed
3	7. Cargo Area	3. Lap and Shoulder Belt	3. Unavailable/Not Applicable
4	8. Riding/Hanging On Outside	4. Child Restraint	4. Kicked Off
5	9-99. All Other Passengers	5. Helmet	5. Unknown
6		6. Other	6. Deployed - Side
7		7. Booster Seat	7. Deployed - Other (Knee, Air Belt, etc.)
8		8. No Restraint Used	8. Deployed - Combination
9		9. Not Applicable	

EJECTED FROM VEHICLE	INJURY TYPE
1. Not Ejected	1. Dead
2. Partially Ejected	2. Serious Injury
3. Totally Ejected	3. Minor/Possible Injury
	4. No Apparent Injury
	5. No Injury (driver only)

CRASH

Crash Date MM DD YYYY 10/26/2015 MILITARY Time (24 hr clock) 0515 County of Crash BOTETOWNCity of
Town of

Local Case Number

DIU6152924

DRIVER INFORMATION

- Veh 1 ☒ Veh 2 ☒
- Driver's Action P1**
- ☒ 1. No Improper Action
 - ☐ 2. Exceeded Speed Limit
 - ☐ 3. Exceeded Safe Speed But Not Speed Limit
 - ☐ 4. Overtaking On Hill
 - ☐ 5. Overtaking On Curve
 - ☐ 6. Overtaking at Intersection
 - ☐ 7. Improper Passing of School Bus
 - ☐ 8. Cutting In
 - ☐ 9. Other Improper Passing
 - ☐ 10. Wrong Side of Road - Not Overtaking
 - ☐ 11. Did Not Have Right-of-Way
 - ☐ 12. Following Too Close
 - ☐ 13. Fail to Signal or Improper Signal
 - ☐ 14. Improper Turn - Wide Right Turn
 - ☐ 15. Improper Turn - Cut Corner on Left Turn
 - ☐ 16. Improper Turn From Wrong Lane
 - ☐ 17. Other Improper Turn
 - ☐ 18. Improper Backing
 - ☐ 19. Improper Start From Parked Position
 - ☐ 20. Disregarded Officer or Flagger
 - ☐ 21. Disregarded Traffic Signal
 - ☐ 22. Disregarded Stop or Yield Sign
 - ☐ 23. Fail to Stop at Through High way - No Sign
 - ☐ 24. Drive Through Work Zone
 - ☐ 25. Fail to Set Out Flares or Flags
 - ☐ 26. Fail to Dim Headlights
 - ☐ 27. Driving Without Lights
 - ☐ 28. Improper Parking Location
 - ☐ 29. Avoiding Pedestrian
 - ☐ 30. Avoiding Other Vehicle
 - ☐ 31. Avoiding Animal
 - ☐ 32. Crowded Off Highway
 - ☐ 33. Hit and Run
 - ☐ 34. Car Ran Away - No Driver
 - ☐ 35. Blinded by Headlights
 - ☐ 36. Other
 - ☐ 37. Avoiding Object in Roadway
 - ☐ 38. Eviding Police
 - ☐ 39. Fail to Maintain Proper Control
 - ☐ 40. Improper Passing
 - ☐ 41. Improper or Unsafe Lane Change
 - ☐ 42. Over Correction

Condition of Driver P2
Contributing to the Crash

- ☒ 1. No Defects
- ☐ 2. Eyesight Defective
- ☐ 3. Hearing Defective
- ☐ 4. Other Body Defects
- ☐ 5. Illness
- ☐ 6. Fatigued
- ☐ 7. Apparently Asleep
- ☐ 8. Other
- ☐ 9. Unknown

Driver Vision Obscured P3

- ☒ 1. Not Obscured
- ☐ 2. Rain, Snow, etc. on Windshield
- ☐ 3. Windshield Otherwise Obscured
- ☐ 4. Vision Obscured by Load on Vehicle
- ☐ 5. Trees, Crops, etc.
- ☐ 6. Building
- ☐ 7. Embankment
- ☐ 8. Sign or Signboard
- ☐ 9. Hillcrest
- ☐ 10. Parked Vehicle(s)
- ☐ 11. Moving Vehicle(s)
- ☐ 12. Sun or Headlight Glare
- ☐ 13. Other
- ☐ 14. Blind Spot
- ☐ 15. Smoke/Dust
- ☐ 16. Stopped Vehicle(s)

Type of Driver Distractions P4

- ☐ 1. Looking at Roadside Incident
- ☐ 2. Driver Fatigue
- ☐ 3. Looking at Scenery
- ☐ 4. Passenger(s)
- ☐ 5. Radio/CD, etc.
- ☐ 6. Cell Phone
- ☐ 7. Eyes Not on Road
- ☐ 8. Daydreaming
- ☐ 9. Eating/Drinking
- ☐ 10. Adjusting Vehicle Controls
- ☐ 11. Other
- ☐ 12. Navigation Device
- ☐ 13. Texting
- ☐ 14. No Driver Distraction

Drinking P5

- ☒ 1. Had Not Been Drinking
- ☐ 2. Drinking - Obviously Drunk
- ☐ 3. Drinking - Ability Impaired
- ☐ 4. Drinking - Ability Not Impaired
- ☐ 5. Drinking - Not Known Whether Impaired
- ☐ 6. Unknown

Method of Alcohol Determination (by police) P6

- ☐ 1. Blood
- ☐ 2. Breath
- ☐ 3. Refused
- ☐ 4. No Test

Drug Use P7

- ☒ 1. Yes
- ☐ 2. No
- ☐ 3. Unknown

VEHICLE INFORMATION

- Veh 1 ☒ Veh 2 ☒
- Vehicle Maneuver V1**
- ☒ 1. Going Straight Ahead
 - ☐ 2. Making Right Turn
 - ☐ 3. Making Left Turn
 - ☐ 4. Making U-Turn
 - ☐ 5. Stopping or Stopping
 - ☐ 6. Merging Into Traffic Lane
 - ☐ 7. Starting From Parked Position
 - ☐ 8. Stopped in Traffic Lane
 - ☐ 9. Ran Off Road - Right
 - ☐ 10. Ran Off Road - Left
 - ☐ 11. Parked
 - ☐ 12. Backing
 - ☐ 13. Passing
 - ☐ 14. Changing Lanes
 - ☐ 15. Other
 - ☐ 16. Entering Street From Parking Lot

Skidding Tire/Mark V2

- ☐ 1. Before Application of Brakes
- ☐ 2. After Application of Brakes
- ☐ 3. Before and After Application of Brakes
- ☒ 4. No Visible Skid Mark/Tire Mark

Vehicle Body Type V3

- ☐ 1. Passenger car
- ☒ 2. Truck - Pick-up/Passenger Truck
- ☐ 3. Van
- ☐ 4. Truck - Single Unit Truck (2-Axles)
- ☐ 5. Motor Home, Recreational Vehicle
- ☐ 6. Special Vehicle - Oversized Vehicle/Earthmover/Load Equipment
- ☐ 7. Bicycle
- ☐ 8. Moped
- ☐ 9. Motorcycle
- ☐ 10. Emergency Vehicle (Regardless of Vehicle Type)
- ☐ 11. Bus - School Bus
- ☐ 12. Bus - City Transit Bus/Private Owned Church Bus
- ☐ 13. Bus - Commercial Bus
- ☐ 14. Other (Scooter, Go-cart, Horse, Bookmobile, Golf Cart, etc.)
- ☐ 15. Special Vehicle - Farm Machinery
- ☐ 16. Special Vehicle - ATV
- ☐ 17. Special Vehicle - Low-Speed Vehicle
- ☐ 18. Truck - Sport Utility Vehicle (SUV)
- ☐ 19. Truck - Single Unit Truck (3 Axles or More)
- ☐ 20. Truck - Tractor (Boat/Hail-No Trailer)

Vehicle Damage V4

- ☐ 1. Unknown
- ☐ 2. No damage
- ☐ 3. Overtuned
- ☐ 4. Motor
- ☐ 5. Undercarriage
- ☒ 6. Totalled
- ☐ 7. Fire
- ☐ 8. Other

Vehicle Condition V5

- ☒ 1. No Defects
- ☐ 2. Lights Defective
- ☐ 3. Brakes Defective
- ☐ 4. Steering Defective
- ☐ 5. Puncture/Blowout
- ☐ 6. Worn or Slick Tires
- ☐ 7. Motor Trouble
- ☐ 8. Chains In Use
- ☐ 9. Other
- ☐ 10. Vehicle Altered
- ☐ 11. Mirrors Defective
- ☐ 12. Power Train Defective
- ☐ 13. Suspension Defective
- ☐ 14. Windows/Windshield Defective
- ☐ 15. Wipers Defective
- ☐ 16. Wheels Defective
- ☐ 17. Exhaust System

Special Function Motor Vehicle V6

- ☒ 1. No Special Function
- ☐ 2. Taxi
- ☐ 3. School Bus (Public or Private)
- ☐ 4. Transit Bus
- ☐ 5. Intercity Bus
- ☐ 6. Charter Bus
- ☐ 7. Other Bus
- ☐ 8. Military
- ☐ 9. Police
- ☐ 10. Ambulance
- ☐ 11. Fire Truck
- ☐ 12. Tow Truck
- ☐ 13. Maintenance
- ☐ 14. Unknown

EMV in service V7

- ☒ 1. Yes
- ☐ 2. No

Truck Cover V8

- ☒ 1. Yes
- ☐ 2. No

CRASH

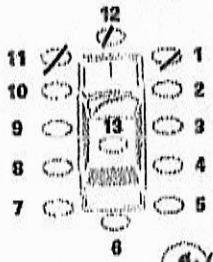
Crash Date 10/26/2015	MILITARY Time (24 hr clock) 0515	County of Crash BOTETOUNT	City of Town of	Local Case Number D1V615109246
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CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway C1 <input checked="" type="radio"/> 1. On Roadway <input type="radio"/> 2. Shoulder <input type="radio"/> 3. Median <input type="radio"/> 4. Roadside <input type="radio"/> 5. Goro <input type="radio"/> 6. Separator <input type="radio"/> 7. In Parking Lane or Zone <input type="radio"/> 8. Off Roadway, Location Unknown <input type="radio"/> 9. Outside Right-of-Way	Traffic Control Type C5 <input type="radio"/> 1. No Traffic Control <input type="radio"/> 2. Officer or Flogger <input type="radio"/> 3. Traffic Signal <input type="radio"/> 4. Stop Sign <input type="radio"/> 5. Slow or Warning Sign <input checked="" type="radio"/> 6. Traffic Lanes Marked <input type="radio"/> 7. No Passing Lines <input type="radio"/> 8. Yield Sign <input type="radio"/> 9. One Way Road or Street <input type="radio"/> 10. Railroad Crossing With Markings and Signs <input type="radio"/> 11. Railroad Crossing With Signals <input type="radio"/> 12. Railroad Crossing With Gate and Signals <input type="radio"/> 13. Other <input type="radio"/> 14. Pedestrian Crosswalk <input type="radio"/> 15. Reduced Speed - School Zone <input type="radio"/> 16. Reduced Speed - Work Zone <input type="radio"/> 17. Highway Safety Corridor	Roadway Description C9 <input type="radio"/> 1. Two-Way, Not Divided <input type="radio"/> 2. Two-Way, Divided, Unpretouted Median <input checked="" type="radio"/> 3. Two-Way, Divided, Positive Median Barrier <input type="radio"/> 4. One-Way, Not Divided <input type="radio"/> 5. Unknown	Intersection Type C12 <input type="radio"/> 1. Not at Intersection <input type="radio"/> 2. Two Approaches <input type="radio"/> 3. Three Approaches <input type="radio"/> 4. Four Approaches <input type="radio"/> 5. Five-Point, or more <input type="radio"/> 6. Roundabout
Weather Condition C2 <input checked="" type="radio"/> 1. No Adverse Condition (Clear/Cloudy) <input type="radio"/> 3. Fog <input type="radio"/> 4. Mist <input type="radio"/> 5. Rain <input type="radio"/> 6. Snow <input type="radio"/> 7. Sleet/Hail <input type="radio"/> 8. Smoke/Dust <input type="radio"/> 9. Other <input type="radio"/> 10. Blowing Sand, Soil, Dirt, or Snow <input type="radio"/> 11. Severe Crosswinds	Roadway Alignment C6 <input checked="" type="radio"/> 1. Straight - Level <input type="radio"/> 2. Curve - Level <input type="radio"/> 3. Grade - Straight <input type="radio"/> 4. Grade - Curve <input type="radio"/> 5. Hillcrest - Straight <input type="radio"/> 6. Hillcrest - Curve <input type="radio"/> 7. Dip - Straight <input type="radio"/> 8. Dip - Curve <input type="radio"/> 9. Other <input type="radio"/> 10. On/Off Ramp	Roadway Defects C10 <input checked="" type="radio"/> 1. No Defects <input type="radio"/> 2. Holes, Ruts, Bumps <input type="radio"/> 3. Soft or Low Shoulder <input type="radio"/> 4. Under Repair <input type="radio"/> 5. Loose Material <input type="radio"/> 6. Restricted Width <input type="radio"/> 7. Slick Pavement <input type="radio"/> 8. Roadway Obstructed <input type="radio"/> 9. Other <input type="radio"/> 10. Edge Pavement Drop Off	Work Zone C13 <input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No
Light Conditions C3 <input type="radio"/> 1. Dawn <input type="radio"/> 2. Daylight <input type="radio"/> 3. Dusk <input type="radio"/> 4. Darkness - Road Lighted <input checked="" type="radio"/> 5. Darkness - Road Not Lighted <input type="radio"/> 6. Darkness - Unknown Road Lighting <input type="radio"/> 7. Unknown	Roadway Surface Condition C7 <input checked="" type="radio"/> 1. Dry <input type="radio"/> 2. Wet <input type="radio"/> 3. Snowy <input type="radio"/> 4. Icy <input type="radio"/> 5. Muddy <input type="radio"/> 6. Oil/Other Fluids <input type="radio"/> 7. Other <input type="radio"/> 8. Natural Debris <input type="radio"/> 9. Water (Standing, Moving) <input type="radio"/> 10. Slush <input type="radio"/> 11. Sand, Dirt, Gravel	Relation to Roadway C11 Interchange Area: <input type="radio"/> 1. Main-Line Roadway <input type="radio"/> 2. Acceleration/Deceleration Lanes <input type="radio"/> 3. Goro Area (Between Ramp and Highway Edgelines) <input type="radio"/> 4. Collector/Distributor Road <input checked="" type="radio"/> 5. On Entrance/Exit Ramp <input type="radio"/> 6. Intersection at end of Ramp <input type="radio"/> 7. Other location not listed above within an interchange area (median, shoulder and roadside)	Work Zone Workers Present C14 <input type="radio"/> 1. With Law Enforcement <input type="radio"/> 2. With No Law Enforcement <input type="radio"/> 3. No Workers Present
Traffic Control Device C4 <input checked="" type="radio"/> 1. Yes - Working <input type="radio"/> 2. Yes - Working and Obscured <input type="radio"/> 3. Yes - Not Working <input type="radio"/> 4. Yes - Not Working and Obscured <input type="radio"/> 5. Yes - Missing <input type="radio"/> 6. No Traffic Control Device Present	Roadway Surface Type C8 <input checked="" type="radio"/> 1. Concrete <input type="radio"/> 2. Blacktop, Asphalt, Bituminous <input type="radio"/> 3. Brick or Block <input type="radio"/> 4. Slag, Gravel, Stone <input type="radio"/> 5. Dirt <input type="radio"/> 6. Other	Intersection Area: <input type="radio"/> 8. Non-Intersection <input type="radio"/> 9. Within Intersection <input type="radio"/> 10. Intersection-Related - Within 150' <input type="radio"/> 11. Intersection-Related - Outside 150' Other Location: <input type="radio"/> 12. Crossover Related <input type="radio"/> 13. Driveway, Alley-Access - Related <input type="radio"/> 14. Railway Grade Crossing <input type="radio"/> 15. Other Crossing (Crossings for Bikes, School, etc.)	Work Zone Location C15 <input type="radio"/> 1. Advance Warning Area <input type="radio"/> 2. Transition Area <input type="radio"/> 3. Activity Area <input type="radio"/> 4. Termination Area
			Work Zone Type C16 <input type="radio"/> 1. Lane Closure <input type="radio"/> 2. Lane Shift/Crossover <input type="radio"/> 3. Work on Shoulder or Median <input type="radio"/> 4. Intermittent or Moving Work <input type="radio"/> 5. Other
			School Zone C17 <input type="radio"/> 1. Yes <input type="radio"/> 2. Yes - With School Activity <input checked="" type="radio"/> 3. No
			Type of Collision C18 <input checked="" type="radio"/> 1. Rear End <input type="radio"/> 2. Angle <input type="radio"/> 3. Head On <input type="radio"/> 4. Sideswipe - Same Direction <input type="radio"/> 5. Sideswipe - Opposite Direction <input type="radio"/> 6. Fixed Object in Road <input type="radio"/> 7. Train <input type="radio"/> 8. Non-Collision <input type="radio"/> 9. Fixed Object - Off Road <input type="radio"/> 10. Door <input type="radio"/> 11. Other Animal <input type="radio"/> 12. Pedestrian <input type="radio"/> 13. Backed Into <input type="radio"/> 14. Other

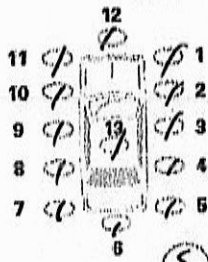
CRASH		MILITARY Time (24 hr clock)		County of Crash	City of	Local Case Number
Crash Date	10/26/2015	OSIS	BOTETOWN			DIUG109246

VEHICLE # 1
Fill in Impact Area(s).
Initial Impact. 11



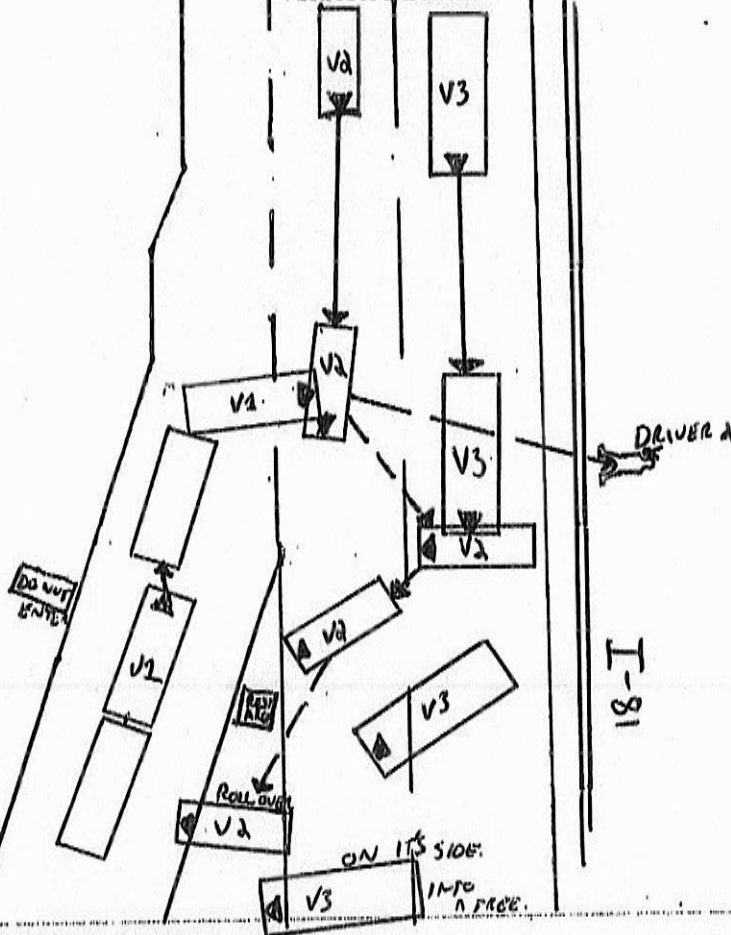
Veh Dir of Travel-N/S/E/W

VEHICLE # 2
Fill in Impact Area(s).
Initial Impact. 1

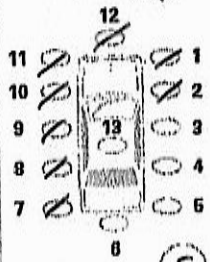


Veh Dir of Travel-N/S/E/W

CRASH DIAGRAM

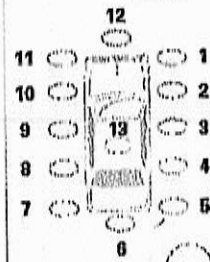


VEHICLE # 3
Fill in Impact Area(s).
Initial Impact. 12



Veh Dir of Travel-N/S/E/W

VEHICLE #
Fill in Impact Area(s).
Initial Impact.



Veh Dir of Travel-N/S/E/W

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property

CRASH DESCRIPTION

V1 WAS IN THE REST AREA. V2 & V3 WAS TRAVELING SOUTH ON 281.
V1 EXITED THE REST AREA THE WRONG WAY. V1 STRUCK V2. V2 THEN STRUCK V3.

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20				20
2	20	20	30		20
Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
3	20	2			20

First Harmful Event of Entire Crash that Results in First Injury or Damage.

20

COLLISION WITH FIXED OBJECT

1. Bank Or Lodge
2. Trees
3. Utility Pole
4. Fence Or Post
5. Guard Rail
6. Parked Vehicle
7. Tunnel, Bridge, Underpass, Culvert, etc.
8. Sign, Traffic Signal
9. Impact Cushioning Device
10. Other
11. Jersey Wall
12. Building/Structure
13. Curb
14. Ditch
15. Other Fixed Object
16. Other Traffic Barrier
17. Traffic Sign Support
18. Mailbox

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

19. Pedestrian
20. Motor Vehicle in Transport
21. Train
22. Bicycle
23. Animal

24. Work Zone
25. Maintenance Equipment
26. Other Movable Object
27. Unknown Movable Object
28. Other

NON-COLLISION

29. Ran Off Road
30. Jack Knife
31. Overturn (Rollover)
32. Downhill Runaway
33. Cargo Loss or Shift
34. Explosion or Fire
35. Cross Median
36. Cross Centerline
37. Equipment Failure (Tire, etc)
38. Immersion
39. Fall/Jumped From Vehicle
40. Thrown or Falling Object
41. Non-Collision Unknown
42. Other Non-Collision

WRECKER CALLED

VEHICLE STORED

FIRM _____

DATE CALLED: _____ TIME CALLED: _____

REQUEST OWNER/OPERATOR: _____

NEAREST: YES _____ NO _____

WITNESS NAME: WITNESS STATEMENTS ON

ADDRESS: SEPARATE PAGE.

LOCATION: _____

STATEMENT: DATA

WITNESS NAME: _____

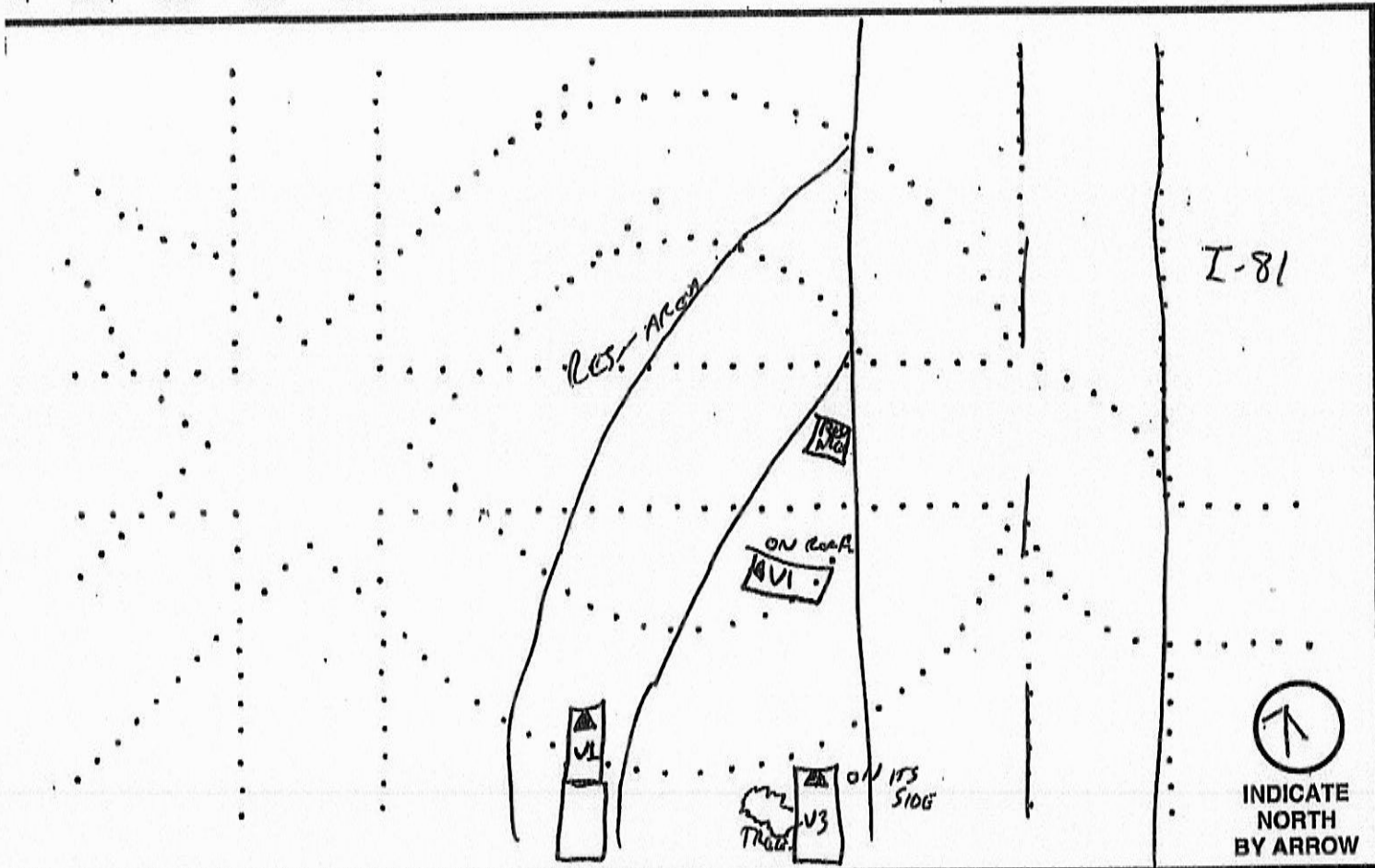
ADDRESS: _____

LOCATION: _____

STATEMENT: UNABLE TO GET STATEMENT
DUE TO INJURY.

STATEMENT OF OPERATOR NUMBER _____

STATEMENT OF OPERATOR NUMBER _____



INVESTIGATION DETAILS

DATE: 10/26/15 TIME NOTIFIED: 0540 TIME OF ARRIVAL: 0552

DRIVER 2 TAKEN TO RMH AS SOON AS 2 ARRIVED.

DRIVER 3. UNCONCIOUS. FLOW TO RMH.

MARTINEZ STATEMENT IS ON MY VIDEO.

Commonwealth of Virginia - Department of Motor Vehicles
Police Crash Report



(Rev 4/9/12)

Page 5 of 9

Revised Report ☐

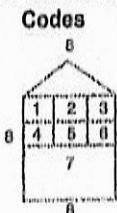
CRASH		GPS Lat.	GPS Long.
Crash Date	MM DD YYYY	Day of Week	MILITARY Time (24 hr clock)
City of	Town of	Location of Crash (route/street)	County of Crash
Location of Crash (route/street)		Landmark at Scene	Official DMV Use
At Intersection With or		Intersection	Local Case Number
Miles		Feet	Mile Marker Number
N S E W		Location of Crash (route/street)	Number of Vehicles

VEHICLE # 3	
DRIVER	
Driver's Name (Last, First, Middle)	
SHIEFF, ANTHONY RAY	
Address (Street and Number)	
527 ROSSER RD	
City	State ZIP
DILLWYN	VA 23936
Birth Date	MM DD YYYY
12 13 1972	
Drivers License Number	State DL CDL
T61245134	VA
Safety Equip. Used	Air Bag Ejected Date of Death
3	2 1
Summons Issued As Result of Crash	Offenses Charged to Driver
2	
VEHICLE	
Vehicle Owner's Name (Last, First, Middle)	
CT WWM INC	
Address (Street and Number)	
PO BOX 174	
City	State ZIP
IVY	VA 22945
Vehicle Year	Vehicle Make
2007	
Vehicle Model	Disabled CMV Towed
	0 0 0
Vehicle Plate Number	State Approximate Repair Cost
TX 157469	VA 15,000
VIN	Overlaid Cargo Spill
SPVNE8JV372550623	
Name of Insurance Company (not agent)	Overlaid Underride
FCCI INSURANCE	
Speed Before Crash	Speed Limit
60	70
Maximum Safe Speed	Under ALL Passengers Age Count
70	0 8-17 18-21 Over 21

VEHICLE #	
DRIVER	
Driver's Name (Last, First, Middle)	
Address (Street and Number)	
City	State ZIP
Birth Date	Drivers License Number
Safety Equip. Used	Air Bag Ejected Date of Death
Summons Issued As Result of Crash	Offenses Charged to Driver
VEHICLE	
Vehicle Owner's Name (Last, First, Middle)	
Address (Street and Number)	
City	State ZIP
ZACHS	TX 75078
Vehicle Year	Vehicle Make
Vehicle Model	Disabled CMV Towed
Vehicle Plate Number	State Approximate Repair Cost
VIN	Overlaid Cargo Spill
Name of Insurance Company (not agent)	Overlaid Underride
Speed Before Crash	Speed Limit
Maximum Safe Speed	Under ALL Passengers Age Count
	0 8-17 18-21 Over 21

PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle)	
Position In/On Vehicle	
Safety Equip. Used	
Airbag Ejected Injury Type	
Birthdate	
Gender	
Name of Injured (Last, First, Middle)	
Position In/On Vehicle	
Safety Equip. Used	
Airbag Ejected Injury Type	
Birthdate	
Gender	
Name of Injured (Last, First, Middle)	
Position In/On Vehicle	
Safety Equip. Used	
Airbag Ejected Injury Type	
Birthdate	
Gender	

PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle)	
Position In/On Vehicle	
Safety Equip. Used	
Airbag Ejected Injury Type	
Birthdate	
Gender	
Name of Injured (Last, First, Middle)	
Position In/On Vehicle	
Safety Equip. Used	
Airbag Ejected Injury Type	
Birthdate	
Gender	
Name of Injured (Last, First, Middle)	
Position In/On Vehicle	
Safety Equip. Used	
Airbag Ejected Injury Type	
Birthdate	
Gender	



Codes

POSITION IN/ON VEHICLE

1. Driver

2-8. Passengers

7. Cargo Area

8. Riding/Hanging On Outside

9-98. All Other Passengers

SAFETY EQUIPMENT USED

1. Lap Belt Only

2. Shoulder Belt Only

3. Lap and Shoulder Belt

4. Child Restraint

5. Helmet

6. Other

7. Booster Seat

8. No Restraint Used

9. Not Applicable

AIRBAG

1. Deployed - Front

2. Not Deployed

3. Unavailable/Not Applicable

4. Keyed Off

5. Unknown

6. Deployed - Side

7. Deployed - Other (Knee, Air Belt, etc.)

8. Deployed - Combination

EJECTED FROM VEHICLE

1. Not Ejected

2. Partially Ejected

3. Totally Ejected

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes

2. No

3. Pending

INJURY TYPE

1. Dead

2. Serious Injury

3. Minor/Possible Injury

4. No Apparent Injury

5. No Injury (driver only)

CRASH

Crash Date: 10/26/2015
 MILITARY Time (24 hr clock): 0815
 County of Crash: BOULDER

City of
 Town of

Local Case Number

DIV 615129246

DRIVER INFORMATION

Veh 1	Veh 2	Veh 3	Veh 4
Driver's Action P1	Driver Vision Obscured P3	Vehicle Maneuver V1	Vehicle Damage V4
<input checked="" type="checkbox"/> 1. No Improper Action <input type="checkbox"/> 2. Exceeded Speed Limit <input type="checkbox"/> 3. Exceeded Safe Speed But Not Speed Limit <input type="checkbox"/> 4. Overtaking On Hill <input type="checkbox"/> 5. Overtaking On Curve <input type="checkbox"/> 6. Overtaking at Intersection <input type="checkbox"/> 7. Improper Passing of School Bus <input type="checkbox"/> 8. Cutting In <input type="checkbox"/> 9. Other Improper Passing <input type="checkbox"/> 10. Wrong Side of Road - Not Overtaking <input type="checkbox"/> 11. Did Not Have Right-of-Way <input type="checkbox"/> 12. Following Too Close <input type="checkbox"/> 13. Fail to Signal or Improper Signal <input type="checkbox"/> 14. Improper Turn - Wide Right Turn <input type="checkbox"/> 15. Improper Turn - Cut Corner on Left Turn <input type="checkbox"/> 16. Improper Turn From Wrong Lane <input type="checkbox"/> 17. Other Improper Turn <input type="checkbox"/> 18. Improper Backing <input type="checkbox"/> 19. Improper Start From Parked Position <input type="checkbox"/> 20. Disregarded Officer or Flogger <input type="checkbox"/> 21. Disregarded Traffic Signal <input type="checkbox"/> 22. Disregarded Stop or Yield Sign <input type="checkbox"/> 24. Fail to Stop at Through High way - No Sign <input type="checkbox"/> 25. Drive Through Work Zone <input type="checkbox"/> 26. Fail to Set Out Flares or Flags <input type="checkbox"/> 27. Fail to Dim Headlights <input type="checkbox"/> 28. Driving Without Lights <input type="checkbox"/> 29. Improper Parking Location <input type="checkbox"/> 30. Avoiding Pedestrian <input type="checkbox"/> 31. Avoiding Other Vehicle <input type="checkbox"/> 32. Avoiding Animal <input type="checkbox"/> 33. Crowded Off Highway <input type="checkbox"/> 34. Hit and Run <input type="checkbox"/> 35. Car Ran Away - No Driver <input type="checkbox"/> 36. Blinded by Headlights <input type="checkbox"/> 37. Other <input type="checkbox"/> 38. Avoiding Object in Roadway <input type="checkbox"/> 39. Eluding Police <input type="checkbox"/> 40. Fail to Maintain Proper Control <input type="checkbox"/> 41. Improper Passing <input type="checkbox"/> 42. Improper or Unsafe Lane Change <input type="checkbox"/> 43. Over Correction	<input checked="" type="checkbox"/> 1. Not Obscured <input type="checkbox"/> 2. Rain, Snow, etc. on Windshield <input type="checkbox"/> 3. Windshield Otherwise Obscured <input type="checkbox"/> 4. Vision Obscured by Load on Vehicle <input type="checkbox"/> 5. Trees, Crops, etc. <input type="checkbox"/> 6. Building <input type="checkbox"/> 7. Embankment <input type="checkbox"/> 8. Sign or Signboard <input type="checkbox"/> 9. Hillcrest <input type="checkbox"/> 10. Parked Vehicle(s) <input type="checkbox"/> 11. Moving Vehicle(s) <input type="checkbox"/> 12. Sun or Headlight Glare <input type="checkbox"/> 13. Other <input type="checkbox"/> 14. Blind Spot <input type="checkbox"/> 15. Smoke/Dust <input type="checkbox"/> 16. Stopped Vehicle(s)	<input checked="" type="checkbox"/> 1. Going Straight Ahead <input type="checkbox"/> 2. Making Right Turn <input type="checkbox"/> 3. Making Left Turn <input type="checkbox"/> 4. Making U-Turn <input type="checkbox"/> 5. Slowing or Stopping <input type="checkbox"/> 6. Merging Into Traffic Lane <input type="checkbox"/> 7. Starting From Parked Position <input type="checkbox"/> 8. Stopped in Traffic Lane <input type="checkbox"/> 9. Ran Off Road - Right <input type="checkbox"/> 10. Ran Off Road - Left <input type="checkbox"/> 11. Parked <input type="checkbox"/> 12. Backing <input type="checkbox"/> 13. Passing <input type="checkbox"/> 14. Changing Lanes <input type="checkbox"/> 15. Other <input type="checkbox"/> 16. Entering Street From Parking Lot	<input type="checkbox"/> 1. Unknown <input type="checkbox"/> 2. No damage <input type="checkbox"/> 3. Overturned <input type="checkbox"/> 4. Motor <input type="checkbox"/> 5. Undercarriage <input checked="" type="checkbox"/> 6. Totalled <input type="checkbox"/> 7. Fire <input type="checkbox"/> 8. Other
Condition of Driver Contributing to the Crash P2	Type of Driver Distractions P4	Skidding Tire/Mark V2	Vehicle Condition V5
<input checked="" type="checkbox"/> 1. No Defects <input type="checkbox"/> 2. Eyesight Defective <input type="checkbox"/> 3. Hearing Defective <input type="checkbox"/> 4. Other Body Defects <input type="checkbox"/> 5. Illness <input type="checkbox"/> 6. Fatigue <input type="checkbox"/> 7. Apparently Asleep <input type="checkbox"/> 8. Other	<input type="checkbox"/> 1. Looking at Roadside Incident <input type="checkbox"/> 2. Driver Fatigue <input type="checkbox"/> 3. Looking at Scenery <input type="checkbox"/> 4. Passenger(s) <input type="checkbox"/> 5. Radio/CD, etc. <input type="checkbox"/> 6. Cell Phone <input type="checkbox"/> 7. Eyes Not on Road <input type="checkbox"/> 8. Daydreaming <input type="checkbox"/> 9. Eating/Drinking <input type="checkbox"/> 10. Adjusting Vehicle Controls <input type="checkbox"/> 11. Other <input type="checkbox"/> 12. Navigation Device <input type="checkbox"/> 13. Texting <input type="checkbox"/> 14. No Driver Distraction	<input checked="" type="checkbox"/> 1. Before Application of Brakes <input type="checkbox"/> 2. After Application of Brakes <input type="checkbox"/> 3. Before and After Application of Brakes <input type="checkbox"/> 4. No Visible Skid Mark/Tire Mark	<input type="checkbox"/> 1. No Defects <input type="checkbox"/> 2. Lights Defective <input type="checkbox"/> 3. Brakes Defective <input type="checkbox"/> 4. Steering Defective <input type="checkbox"/> 5. Puncture/Blowout <input type="checkbox"/> 6. Worn or Slick Tires <input type="checkbox"/> 7. Motor Trouble <input type="checkbox"/> 8. Chains in Use <input type="checkbox"/> 9. Other <input type="checkbox"/> 10. Vehicle Altered <input type="checkbox"/> 11. Mirrors Defective <input type="checkbox"/> 12. Power Train Defective <input type="checkbox"/> 13. Suspension Defective <input type="checkbox"/> 14. Windows/Windshield Defective <input type="checkbox"/> 15. Wipers Defective <input type="checkbox"/> 16. Wheels Defective <input type="checkbox"/> 17. Exhaust System
	Drinking P5	Vehicle Body Type V3	Special Function Motor Vehicle V6
	<input type="checkbox"/> 1. Had Not Been Drinking <input type="checkbox"/> 2. Drinking - Obviously Drunk <input type="checkbox"/> 3. Drinking - Ability Impaired <input type="checkbox"/> 4. Drinking - Ability Not Impaired <input type="checkbox"/> 5. Drinking - Not Known Whether Impaired <input type="checkbox"/> 6. Unknown	<input checked="" type="checkbox"/> 1. Passenger car <input type="checkbox"/> 2. Truck - Pick-up/Passenger Truck <input type="checkbox"/> 3. Van <input type="checkbox"/> 4. Truck - Single Unit Truck (2-Axles) <input type="checkbox"/> 5. Motor Home, Recreational Vehicle <input type="checkbox"/> 6. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment <input type="checkbox"/> 7. Bicycle <input type="checkbox"/> 8. Moped <input type="checkbox"/> 9. Motorcycle <input type="checkbox"/> 10. Emergency Vehicle (Regardless of Vehicle Type) <input type="checkbox"/> 11. Bus - School Bus <input type="checkbox"/> 12. Bus - City Transit Bus/Private Owned Church Bus <input type="checkbox"/> 13. Bus - Commercial Bus <input type="checkbox"/> 14. Other (Scooter, Go-cart, Horse, Bookmobile, Golf Cart, etc.) <input type="checkbox"/> 15. Special Vehicle - Farm Machinery <input type="checkbox"/> 16. Special Vehicle - ATV <input type="checkbox"/> 17. Special Vehicle - Low-Speed Vehicle <input type="checkbox"/> 18. Truck - Sport Utility Vehicle (SUV) <input type="checkbox"/> 19. Truck - Single Unit Truck (3 Axles or More) <input type="checkbox"/> 20. Truck - Truck Tractor (Booth/No Trailer)	<input checked="" type="checkbox"/> 1. No Special Function <input type="checkbox"/> 2. Taxi <input type="checkbox"/> 3. School Bus (Public or Private) <input type="checkbox"/> 4. Transit Bus <input type="checkbox"/> 5. Intercity Bus <input type="checkbox"/> 6. Charter Bus <input type="checkbox"/> 7. Other Bus <input type="checkbox"/> 8. Military <input type="checkbox"/> 9. Police <input type="checkbox"/> 10. Ambulance <input type="checkbox"/> 11. Fire Truck <input type="checkbox"/> 12. Tow Truck <input type="checkbox"/> 13. Maintenance <input type="checkbox"/> 14. Unknown
	Method of Alcohol Determination (by police) P6		EMV in service V7
	<input type="checkbox"/> 1. Blood <input type="checkbox"/> 2. Breath <input type="checkbox"/> 3. Refused <input type="checkbox"/> 4. No Test		<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	Drug Use P7		Truck Cover V8
	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown		<input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

CRASH

Crash Date 10/1/11

MILITARY Time (24 hr clock)

County of Crash

City of
Town of

Local Case Number

CRASH INFORMATION**Location of First Harmful Event in Relation to Roadway** C1

- ☒ 1. On Roadway
☐ 2. Shoulder
☐ 3. Median
☐ 4. Roadside
☐ 5. Goro
☐ 6. Separator
☐ 7. In Parking Lane or Zone
☐ 8. Off Roadway, Location Unknown
☐ 9. Outside Right-of-Way

Weather Condition C2

- ☐ 1. No Adverse Condition (Clear/Claudy)
☐ 3. Fog
☐ 4. Mist
☐ 5. Rain
☐ 6. Snow
☐ 7. Sleet/Hail
☐ 8. Smoke/Dust
☐ 9. Other
☐ 10. Blowing Sand, Silt, Dirt, or Snow
☐ 11. Severe Crosswinds

Light Conditions C3

- ☐ 1. Dawn
☐ 2. Daylight
☐ 3. Dusk
☐ 4. Darkness—Road Lighted
☐ 5. Darkness—Road Not Lighted
☐ 6. Darkness—Unknown Road Lighting
☐ 7. Unknown

Traffic Control Device C4

- ☐ 1. Yes—Working
☐ 2. Yes—Working and Obscured
☐ 3. Yes—Not Working
☐ 4. Yes—Not Working and Obscured
☐ 5. Yes—Missing
☐ 6. No Traffic Control Device Present

Traffic Control Type C5

- ☐ 1. No Traffic Control
☐ 2. Officer or Flagger
☐ 3. Traffic Signal
☐ 4. Stop Sign
☐ 5. Slow or Warning Sign
☐ 6. Traffic Lanes Marked
☐ 7. No Passing Lines
☐ 8. Yield Sign
☐ 9. One Way Road or Street
☐ 10. Railroad Crossing With Markings and Signs
☐ 11. Railroad Crossing With Signals
☐ 12. Railroad Crossing With Gate and Signals
☐ 13. Other
☐ 14. Pedestrian Crosswalk
☐ 15. Reduced Speed—School Zone
☐ 16. Reduced Speed—Work Zone
☐ 17. Highway Safety Corridor

Roadway Alignment C6

- ☐ 1. Straight—Level
☐ 2. Curve—Level
☐ 3. Grade—Straight
☐ 4. Grade—Curve
☐ 5. Hillcrest—Straight
☐ 6. Hillcrest—Curve
☐ 7. Dip—Straight
☐ 8. Dip—Curve
☐ 9. Other
☐ 10. On/Off Ramp

Roadway Surface Condition C7

- ☐ 1. Dry
☐ 2. Wet
☐ 3. Snowy
☐ 4. Icy
☐ 5. Muddy
☐ 6. Oil/Other Fluids
☐ 7. Other
☐ 8. Natural Debris
☐ 9. Water (Standing, Moving)
☐ 10. Slush
☐ 11. Sand, Dirt, Gravel

Roadway Surface Type C8

- ☐ 1. Concrete
☐ 2. Blacktop, Asphalt, Bituminous
☐ 3. Brick or Block
☐ 4. Slag, Gravel, Stone
☐ 5. Dirt
☐ 6. Other

Roadway Description C9

- ☐ 1. Two-Way, Not Divided
☐ 2. Two-Way, Divided, Unprotected Median
☐ 3. Two-Way, Divided, Positive Median Barrier
☐ 4. One-Way, Not Divided
☐ 5. Unknown

Roadway Defects C10

- ☐ 1. No Defects
☐ 2. Holes, Ruts, Bumps
☐ 3. Soft or Low Shoulder
☐ 4. Under Repair
☐ 5. Loose Material
☐ 6. Restricted Width
☐ 7. Slick Pavement
☐ 8. Roadway Obstructed
☐ 9. Other
☐ 10. Edge Pavement Drop Off

Relation to Roadway C11**Interchange Area:**

- ☐ 1. Main-Line Roadway
☐ 2. Acceleration/Deceleration Lanes
☐ 3. Goro Area (Between Ramp and Highway Edgelines)
☐ 4. Collector/Distributor Road
☐ 5. On Entrance/Exit Ramp
☐ 6. Intersection at end of Ramp
☐ 7. Other location not listed above within an Interchange area (median, shoulder and roadside)

Intersection Area:

- ☐ 8. Non-Intersection
☐ 9. Within Intersection
☐ 10. Intersection-Related - Within 150'
☐ 11. Intersection-Related - Outside 150'

Other Location:

- ☐ 12. Crossover Related
☐ 13. Driveway, Alley-Access - Related
☐ 14. Railway Grade Crossing
☐ 15. Other Crossing (Crossings for Bikes, School, etc.)

Intersection Type C12

- ☐ 1. Not at Intersection
☐ 2. Two Approaches
☐ 3. Three Approaches
☐ 4. Four Approaches
☐ 5. Five-Point, or more
☐ 6. Roundabout

Work Zone C13

- ☐ 1. Yes
☐ 2. No

Work Zone Workers Present C14

- ☐ 1. With Law Enforcement
☐ 2. With No Law Enforcement
☐ 3. No Workers Present

Work Zone Location C15

- ☐ 1. Advance Warning Area
☐ 2. Transition Area
☐ 3. Activity Area
☐ 4. Termination Area

Work Zone Type C16

- ☐ 1. Lane Closure
☐ 2. Lane Shift/Crossover
☐ 3. Work on Shoulder or Median
☐ 4. Intermittent or Moving Work
☐ 5. Other

School Zone C17

- ☐ 1. Yes
☐ 2. Yes - With School Activity
☐ 3. No

Type of Collision C18

- ☐ 1. Rear End
☐ 2. Angle
☐ 3. Head On
☐ 4. Sideswipe—Same Direction
☐ 5. Sideswipe—Opposite Direction
☐ 6. Fixed Object in Road
☐ 7. Train
☐ 8. Non-Collision
☐ 9. Fixed Object—Off Road
☐ 10. Deer
☐ 11. Other Animal
☐ 12. Pedestrian
☐ 13. Backed Into
☐ 14. Other